

## South Carolina

### AIDS Rate per 100,000

15.7\*

### State Funds for HIV Early Intervention Services

STATE EXPENDITURES	
Required Base	SFY 2007 Expenditures Maintenance
N/A	N/A
N/A = Not applicable	

  

SAPT EXPENDITURES	
FY 2005 HIV Set-Aside	FY 2008 Planned
\$1,025,199	\$1,035,539

### FY 2008 SAPT Reports

Set-aside funds are made available through a contract to provide early intervention services in treatment facilities, primarily methadone treatment centers. Early intervention services included: pre/post-test counseling, HIV testing, referral services, and future plans for implementing HIV rapid testing.

HIV EARLY INTERVENTION SERVICES PROVIDED							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
✓	✓	✓	✓	✓	✓	✓	✓

N/A: CSAT has instructed this State to stop allocating SAPT funds for HIV early intervention activities.

### State Narrative Summary

The Single State Agency contracted with the South Carolina Department of Health and Environmental Control, 10 county alcohol and drug abuse authorities and three community outreach agencies to provide early HIV

\*The most recent data published prior to October 1, 2007 by the CDC is Table 14, Reported AIDS cases and annual rates (per 100,000 population), by area of residence and age category, cumulative through 2005-United States, HIV/AIDS Surveillance Report 2005 Vol. 17, U.S. Department of Health and Human services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS, Prevention, Surveillance, and Epidemiology. Single copies of the report are available through the CDC National Prevention Information Network, 1-800-458-5231 or 301-562-1098 or <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/table14.htm>

intervention services, including collaboration with the South Carolina Hepatitis C Coalition to increase awareness of hepatitis C. During Fiscal Year (FY) 2005, a local county alcohol and drug abuse authority worked with a local county health department conducting rapid tests of 7,663 clients. From July 2004 to June 2005, 52,366 people throughout the State received HIV testing and counseling services. HIV screening was provided at many sites throughout the State, including colleges and universities, faith-based organizations, and various community outreach programs. The program continued to collaborate with other agencies to provide workshops, trainings, and seminars on HIV and other infectious diseases. It also funded community-based outreach programs that target youth, African Americans, Hispanics, and other racial and ethnic minorities. In FY 2007, the program continued to focus on mobile van services, which targeted "very high-risk areas" with early intervention services; 2,493 rapid HIV tests were provided. Plans for FY 2008 were to continue to support and fund HIV early intervention services.

## Full State Narrative

### FY 2005 (COMPLIANCE)

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**Objective 1.** DAODAS will continue to contract with the South Carolina Department of Health and Environmental Control (DHEC) for implementation of HIV Early Intervention services and to collaborate with the South Carolina Hepatitis C Coalition to increase educational awareness of Hepatitis C.

**Compliance:** DAODAS maintained its contract with DHEC for the implementation of HIV Early Intervention services. This contract established support for the South Carolina Hepatitis C Coalition, which had established increasing awareness of Hepatitis C as one of its missions. Following are some of the results reported by DHEC in its FY 2005 year-end report submission:

- During FY 2005, 7,663 persons were tested in Richland County, and 87 (1.1%) were positive; 478 persons were tested by LRADAC, The Behavioral Health Center of the Midlands (the county alcohol and drug abuse authority serving Lexington and Richland counties), one of whom tested positive for HIV infection.
- Testing services were routinely provided at LRADAC (located next to the Richland County Health Department). In addition to HIV/RPR testing, the staff person offered Hepatitis C (HCV) testing to substance-using clients. HCV-positive clients were given a referral list of medical providers to arrange follow-up evaluation/treatment services and a list of clinical trial sites for consideration, especially for persons with limited financial resources available to pay for treatment. HIV screening was also provided at other community sites, such as Christ Central Church, Benedict College, Allen University, Starting Point methadone clinic, Providence Home men's residence, and community health fairs that were likely to reach portions of the target populations.
- From July 2004 to June 2005, 52,366 persons received HIV testing and counseling services through local health departments statewide; 627 (1.2%) were HIV positive. Of all persons tested statewide, 514 reported injecting drug use as a risk for HIV, and nine (1.8%) were HIV positive. Ninety-one (91) individuals reported being sex partners of injecting drug users, and one was infected; 811 persons reported exchanging money or drugs for sex, and one was infected. A total of 6,136 persons were tested statewide who reported non-injecting drug use; this represents 12% of the total number of persons screened during this time period. Of those reporting non-injecting drug use, 81 (1.3%) were HIV infected.

**Objective 2.** DAODAS will collaborate with agencies to provide workshops/ training/seminars on HIV and other infectious-disease topics. DAODAS will continue to provide support for the annual South Carolina HIV/STD Conference.

**Compliance:** The DHEC STD/HIV Division provided at least five regional HIV prevention counseling trainings annually, which included training on OraSure testing. These trainings were open to staff of the county alcohol and drug abuse authorities, and notices of training events were also sent to DAODAS staff. Four county authorities provided OraSure testing: Anderson/Oconee Behavioral Health Services; Charleston Center; Sumter County Commission on Alcohol and Drug Abuse; and Spartanburg Alcohol and Drug Abuse Commission. During FY 2005, these sites conducted 314 HIV tests; two were positive.

In late FY 2005, DHEC HIV counseling and testing staff coordinated with DAODAS staff to participate in a SAMHSA-sponsored distribution of HIV rapid-test kits that targeted state health departments. DHEC provided rapid testing for high-risk populations in health department and community settings, documenting required data to provide reports to SAMHSA. This initiative assisted DHEC in its efforts to provide targeted HIV testing. Training sessions sponsored by SAMHSA were scheduled for county alcohol and drug abuse authorities and other community organization staff. Through this collaborative relationship, DHEC provided technical assistance to identified county authorities that chose to implement the Oraquick HIV Rapid Test. DAODAS supported the FY 2005 Annual HIV/STD Conference, which was held October 26-28, 2005, in Greenville, S.C. The conference's theme was Changing Landscape: Climbing to New Heights.

**Objective 3.** DAODAS will continue to contract with 10 county alcohol and drug abuse authorities to provide HIV Early Intervention services.

**Compliance:** During FY 2005, DAODAS distributed \$380,992 to 10 county authorities for the implementation of HIV early-intervention outreach services. The recipients of these funds were: Aiken Center for Alcohol and Other Drug Services; Anderson/Oconee Behavioral Health Services; Charleston Center; Circle Park Behavioral Health Services (Florence County); The Phoenix Center (Greenville County); Shoreline Behavioral Health Services (Horry County); LRADAC, The Behavioral Health Center of the Midlands (Lexington and Richland counties); Spartanburg Alcohol and Drug Abuse Commission; Sumter County Commission on Alcohol and Drug Abuse; and the Dawn Center (Bamberg, Calhoun and Orangeburg counties). A compendium of year-end reports submitted by each recipient showed that outreach consisted of the following activities:

- risk-reduction education with the option of having an HIV antibody test;
- distribution of awareness material;
- in-service training for colleagues and other local service providers; and
- community-based educational events.

Through their efforts, more than 18,000 individuals benefited from HIV early-intervention services.

**Objective 4.** DAODAS will continue to support, through funding, community-based HIV/AIDS outreach programs that target youth, African-Americans, Hispanics, and/or other racial/ethnic minority communities for HIV Early Intervention services.

**Compliance:** During FY 2005, the DAODAS-funded DHEC staff person provided 1,258 education, counseling, testing or referral-service visits (reported as "visits" since it may have included duplicate individuals over the 12 months); 616 were male and 642 were female. Of the total, 68% were African-American, the priority population for targeting services; 4% were Latino.

DAODAS funded three community-based HIV/AIDS outreach programs directed at youth, women, African-Americans, Hispanics, and/or other racial/ethnic minority communities with high rates of substance abuse (injection drug use) and HIV/AIDS. These programs were designed to promote the development of community-based outreach efforts to provide HIV counseling and testing, health education risk-reduction information, access and referrals to substance abuse treatment needs, primary care, mental health services, and medical services for those who are HIV positive or have AIDS. The three grantees were:

THREE DAODAS FUNDED COMMUNITY-BASED HIV/AIDS OUTREACH PROGRAMS DIRECTED AT YOUTH, WOMEN, AFRICAN-AMERICANS, HISPANICS, AND/OR OTHER RACIAL/ETHNIC MINORITY COMMUNITIES

Name of Grantee	Project Description
SOUTH CAROLINA HIV/AIDS COUNCIL (FORMERLY SOUTH CAROLINA AFRICAN-AMERICAN HIV/AIDS COUNCIL) COLUMBIA, S.C.	<b>Interfaith Community AIDS Resource and Education Coalition</b> , which targets African-American congregations, coordinated two local faith-based trainings and the first ICARE skill-building conference, targeting at least 30 churches within Fairfield, Kershaw, Lexington, Newberry and Richland counties.  <b>Project Life Line</b> identified and referred 150 higher-risk persons for HIV testing, syphilis screening and case management services. The project developed a social marketing and street-outreach campaign that targeted HIV-positive persons and/or persons at higher risk for HIV/AIDS and their partners to promote referrals to HIV testing, linkages to HIV/STI treatment and care services, and behavioral risk reduction.
PALMETTO AIDS LIFE SUPPORT SERVICES COLUMBIA, S.C.	<b>The Women's Health Council Project</b> trains African-American women, ages 15 to 44, who live in housing communities to become community peer educators through participation in a small-group program of HIV prevention education that maintains a focus on risk reduction and behavioral change. Their efforts target women at risk for HIV infection due to unprotected sex, having multiple sex partners, being sex partners of drug users, or being drug users themselves.
SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION COLUMBIA, S.C.	<b>Little River Medical Center Project</b> assessed the impact of HIV early intervention for its entire patient population, with emphasis on the homeless. As a subcontractor of the South Carolina Primary Health Care Association, the project addressed the following objectives: 1) conduct initial screening on all appropriate patients; 2) subsidize the cost of HIV testing for patients identified to be at risk; 3) provide early-intervention services for patients who are HIV positive; 4) provide HIV educational materials to all patients with the goal of increasing awareness and minimizing the spread of HIV/AIDS; and 5) provide counseling, treatment and referral services for clinical intervention for those patients identified to be HIV positive.

## FY 2007 (PROGRESS)

**Objective 1.** Through contracts and sub-grants with providers, DAODAS will provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early-intervention services, to include Oraquick testing, for HIV in areas of the state that have the greatest need for such services.

**Progress:** DAODAS contracted with DHEC and the Ryan White HIV Care Consortia for the provision of early-intervention services for HIV. DAODAS collaborated with the South Carolina Hepatitis C Coalition to increase educational awareness of Hepatitis C. DAODAS maintained its contract with DHEC for the provision of HIV early-intervention services and resources to clients in the alcohol and other drug abuse system. Through this relationship, HIV early-intervention services were provided for clients in the system who were identified as at high risk for or who were diagnosed with HIV infection. Services consisted of HIV counseling, testing, and other supportive services. In addition, DHEC and DAODAS incorporated a Hepatitis C education and screening initiative through collaboration with the South Carolina Hepatitis C Coalition. As a result, clients and substance abuse professionals had access to Hepatitis C prevention, education, and treatment resources.

During this period, 50,198 persons were tested for HIV through local health departments across the state. DHEC provides statistical documentation of their outreach related to this contract's deliverables. Of those tested, 254 reported that they were injecting drug users, 29 reported being sex partners of injecting drug users, and 251 reported exchanging money or drugs for sex. The contract provided for targeted outreach services. Focused in Richland County, the contracted outreach worker provided 1,178 counseling and testing activities. These activities were spread among various community locales, such as the county alcohol and drug abuse authority, community health fairs, crisis ministry organizations, and shelters. Because this service is

linked to the local health department, 6,969 persons were tested. The contract also provided resources for mobile van services. These services targeted very “high-risk areas” where persons engaged in high-risk sexual behavior along with alcohol or other drug use. This service was an additional strategy for screening persons in the Edisto-Savannah District (372) and the Waccamaw District (363). In all, 2,493 HIV tests were provided at the testing sites, including the two listed previously combined with sites in the Upstate and Pee Dee areas.

Also, the contract helped DHEC provide funding to the South Carolina Hepatitis C Coalition. The following deliverables were reported through the final year-end report. When requested, the coalition sent out 100 information packets to drug-counseling interventions that contained two new DHEC HCV brochures (“Facts about Hepatitis C” and “Hepatitis C Testing”). A key service provided by the Coalition is to assist clients in sorting out the information, and making informed decisions as to how best to proceed as the result of testing positive for HCV. Thus, more than 70 persons were provided individual counseling services by the Coalition. The Coalition has tapped into its creative side to develop a highly recognized promotional item, the “Giant Microbe” – a plush toy representation of the actual Hepatitis C virus that is equipped with a readable tag displaying the basic risk-factor message. Approximately 400 “Giant Microbes” were distributed in this time period. During the year, 80 substance abuse professionals and 255 public health and community organization staff were trained on Hepatitis C screening, counseling, and testing. Through national and state recovery organizations’ campaigns, the Coalition was able to advocate for HVC testing and services to more than 550 individuals. Finally, Hepatitis C testing and counseling resulted in 1,244 screening episodes. Through existing grants with DHEC, county alcohol and drug abuse authorities, and community based organizations, DAODAS is able to provide training, workshops, or seminars in differing venues across the state. Most of the county authorities provide annual HIV and other infectious disease in-service training for their clinical staff. When possible, the county authorities partner with their local health departments to cross-train staff. Finally, it has been demonstrated above that the grant held by DHEC allows for training to be provided on topics related to HIV and Hepatitis C.

DAODAS continued to contract with 10 county alcohol and drug abuse authorities for HIV early-intervention services. The following are county alcohol and drug abuse authorities who are recipients of HIV early-intervention services funding: Aiken Center for Alcohol and Other Drug Services; Anderson/Oconee Behavioral Health Services; Charleston Center; Circle Park Behavioral Health Services; Dawn Center (Bamberg, Calhoun and Orangeburg counties); LRADAC, The Behavioral Health Center of the Midlands (Lexington and Richland counties); The Phoenix Center (Greenville County); Shoreline Behavioral Health Services (Horry County); Spartanburg Alcohol and Drug Abuse Commission; and the Sumter County Commission on Alcohol and Drug Abuse. Contracted activities with the number of individuals who were impacted are summarized in the table below:

CONTRACTED ACTIVITIES WITH THE NUMBER OF INDIVIDUALS WHO WERE IMPACTED					
Community Awareness	Risk-Reduction Education	Screening	Testing	Training	Staff Training
76,823	3,961	2,600	1,106	NA	122

DAODAS awarded funds to three community outreach agencies for implementation of HIV early-intervention services. The focus of these awards was to support or enhance development of HIV early-intervention service projects and related community-outreach efforts such as:

- HIV Oraquick testing;
- HIV pre- and post-test counseling;
- condom distribution;
- targeting the faith community, women, and youth; and

- collaboration of HIV case-management, treatment, and referral services with the local Ryan White HIV Care Consortia, HIV/AIDS Council, and the Little River Medical Clinic.

The table below summarizes the contracted activities provided and the number of persons impacted.

RISK-REDUCTION EDUCATION	SCREENING	TESTING
866	686	471

### **Addendum on HIV Rapid Testing**

DAODAS has been able to take full advantage of the Rapid Testing Initiative implemented by SAMHSA. Through our existing relationship with DHEC, we have been able to provide technical assistance and support for county alcohol and drug abuse authorities to begin the Oraquick HIV Rapid Test. We were able to maximize DHEC's expertise in HIV testing and their existing quality assurance protocols to aid in the transition. Coupled with the support provided through Mayatech, consenting providers have been able to make smooth transitions from Orasure to Oraquick. Currently, the DHEC grant allows them to purchase rapid-test kits and controls for use in identifying high-risk populations such as injecting drug users, persons having sex with injecting drug users, and persons who trade sex for money or drugs. Thus, this could be the basis for further expansion if funding were available for redirection. However, we will continue to expand our ability to provide rapid testing to our service population by fostering collaborations and the sharing of existing resources.

**Objective 2.** DAODAS will effectively monitor such service delivery.

**Progress:** A process is in place to effectively monitor the service delivery of HIV early intervention services. First, the funded HIV early intervention service coordinators working in the 10 county alcohol and drug abuse authorities meet on a quarterly basis. During this meeting, progress related to local service delivery is shared. When warranted, professional development training is provided. Problems experienced at the local level are shared so that potential solutions are identified by the whole. Finally, federal block grant requirements mirrored in the DAODAS Governing Terms are discussed for clarity and compliance.

Second, desk audits are performed on mid-year and year-end reports as well as regularly submitted data that follow a designated format provided by DAODAS. The format asks for strengths and weakness identified during service implementation; existing resources that aided in service delivery; barriers to service delivery; and corrective action taken to ensure the efficiency and effectiveness associated with the service delivery. Finally, each report details progress on process and/or outcome objectives – who, what, when, where, how much – that outlines what activities, behavioral change, and increase in knowledge on risk behaviors were associated with the local HIV early intervention services.

Third, regularly scheduled site visits are conducted. A standardized protocol for the visits has been developed. The protocol is compliant with federal block grant requirements that are reflected in the Governing Terms of the DAODAS Block Grant. During the visits, existing memoranda of understanding and agreement are reviewed. Activities associated with in-service training for local partner organizations and agency staff are discussed. Finally, progress on service implementation and the agency's continuous quality improvement practices are examined.

## **FY 2008 (INTENDED USE)**

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During FY 2008, DAODAS will require the HIV early intervention service providers funded by DAODAS to provide treatment for persons with substance abuse problems, with an emphasis on making available within existing programs early-intervention services, to include Oraquick testing, for HIV in areas of the state that have the greatest need for such services. The Block Grant funded providers will provide treatment for persons with substance abuse problems, with an emphasis on making available HIV early intervention services; provide an opportunity for persons who are at high risk for HIV or HCV to receive the appropriate diagnostic test; and monitor the efficiency and effectiveness of the HIV early intervention service delivery system through existing protocols and procedures. The providers will do so by establishing and maintaining memoranda of understanding and agreement with identified providers with the capacity and expertise to deliver HIV early intervention services; providing either HIV rapid testing or HVC testing by a qualified and trained staff person, or having made arrangements for another service provider to offer the respective tests; and provide requested mid-year and year-end reports, participate in scheduled site visits, and submit requested data in a timely manner.

### **HIV Early Intervention Services**

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DAODAS continued to contract with DHEC for implementation of HIV early intervention services. In addition, DAODAS renewed funding for 10 county authorities to implement HIV early-intervention projects. The 10 sites were: Aiken Center for Alcohol and Other Drug Services; Anderson/Oconee Behavioral Health Services; Charleston Center; Circle Park Behavioral Health Services (Florence County); Dawn Center (Bamberg, Calhoun and Orangeburg counties); LRADAC, The Behavioral Health Center of the Midlands (Lexington and Richland counties); The Phoenix Center (Greenville County); Shoreline Behavioral Health Services (Horry County); Spartanburg Alcohol and Drug Abuse Commission; and the Sumter County Commission on Alcohol and Drug Abuse. These local projects conducted outreach/education and renewed or maintained linkages with their local health departments, as well as many community organizations, to enhance HIV services to citizens statewide.

During FY 2006, five of these county authorities began to provide on-site Oraquick testing: Anderson/Oconee Behavioral Health Services; Charleston Center; Dawn Center; The Phoenix Center; and the Spartanburg Alcohol and Drug Abuse Commission. The Sumter County Commission on Alcohol and Drug Abuse has been trained in delivering the test, but they are still in the process of implementing it. However, HIV rapid testing continues to be an emphasis among the county providers, with an additional two providers making the test available for an increase of 49.6 % in rapid testing from FY 2006 to FY 2007. Through the various outreach efforts, specifically community awareness and risk-reduction education activities provided by project coordinators, an average of 46,617 citizens per year were impacted by their efforts. This figure was derived from averaging submitted data in year-end final reports for FY 2004 and FY 2006. An average taken from FY 2004, FY 2006 and FY 2007 shows 66,365 citizens per year were impacted through community awareness and risk-reduction activities provided by project coordinators.

Through DHEC and the county authorities, the following number of individuals received HIV testing and counseling services:

NUMBER OF INDIVIDUALS THAT RECEIVED HIV TESTING AND COUNSELING SERVICES THROUGH DHEC AND COUNTY SERVICES BY YEAR						
PROVIDER	FY2005 TESTED	FY2005 INFECTED	FY2006 TESTED	FY2006 INFECTED	FY2007 TESTED	FY2007 INFECTED
LOCAL HEALTH DEPARTMENTS	52,366	627 (1.2%)	53,827	569 (1.1%)	50,198	548 (1.1%)
COUNTY ALCOHOL AND DRUG ABUSE AUTHORITIES	NA	NA	739	NA	1,106	NA

TOTAL	52,366	627	54,566	569	51,304	548
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**Mobile Screening Services:** In addition to services provided at the local health departments, DHEC provided mobile screening services during the reporting period. In FY 2005, 2,766 individuals received HIV/syphilis testing and education at statewide sites that included the number-one county (Richland), the Pee Dee area, and the Waccamaw area. In FY 2006, 2,879 individuals received HIV testing, which included the Edisto-Savannah District and the Waccamaw Health District. In FY 2007, 2,493 individuals received testing, which continued to include the Edisto-Savannah Districts and the Waccamaw Health District. Most sites were located in very high-risk areas, reaching people who were also engaging in alcohol or other drug use. Referrals were made, as appropriate, to county alcohol and drug abuse authorities. The association of drug use and syphilis was prominent in the target areas – including exchanging sex for money and drugs and crack/cocaine use. In FY 2005, Chester and Anderson counties remained after being added in FY 2004 due to syphilis outbreaks in those counties.

Training: Staff of DHEC's STD/HIV Division participated in the planning and delivery of such substance abuse/HIV and STD cross-training sessions as:

- Annual South Carolina HIV/STD Conference;
- Ties That Bind Community HIV/AIDS Prevention and Testing Initiative;
- Oraquick Rapid HIV Testing Training;
- Counseling, Testing, and Referral Training;
- HIV and South Carolina Law;
- Confidentiality Training; and
- HIV and AOD Training.

## HIV Early Intervention Programs Receiving Funds

HIV EARLY INTERVENTION FUNDS REPORTED BY STATE PROVIDER				
Program	Status	Address	Phone	Funds
AIKEN CENTER	A	1105 Gregg Highway Aiken, SC 29801	n/a	\$30,000
ANDERSON/OCONEE COUNTIES BEHAVIORAL HEALTH SERVICES	A	226 McGee Road Anderson, SC 29625	n/a	\$50,000
CHARLESTON CENTER OF CHARLESTON COUNTY	A	5 Charleston Center Drive Charleston, SC 29401	n/a	\$75,600
CIRCLE PARK BEHAVIORAL HEALTH SERVICES FLORENCE CNTY COMMISSION ON AODA	A	601 Gregg Avenue Florence, SC 29501	n/a	\$27,600
LRADAC/BEHAVIORAL HEALTH CENTER OF THE MIDLANDS	A	1325 Harden Street Columbia, SC 29204	n/a	\$2,896
PALMETTO AIDS LIFE SUPPORT SERVICES	n/a	PO Box 11705 Columbia, SC 29211	803-779-7257	\$32,543
SOUTH CAROLINA DEPARTMENT OF ALCOHOL & OTHER DRUG ABUSE SERVICES	n/a	2600 Bull Street Columbia, SC 29201	803-896-5555	\$70,802
SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL	n/a	PO Box 2531 Columbia, SC 29202	803-734-5000	\$481,216
SOUTH CAROLINA HIV/AIDS COUNCIL	n/a	Galen Hall Road, Box A	803-779-6631	\$58,509

(SCHAC)		Wernersville, PA 19565		
SHORELINE BEHAVIORAL HEALTH SERVICES	A	2404 Wise Road Conway, SC 29526	n/a	\$30,000
SPARTANBURG ALCOHOL AND DRUG ABUSE COMMISSION	A	187 West Broad Street, Suite 200 Spartanburg, SC 29304	n/a	\$65,000
SUMTER COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE	A	115 North Harvin Street Sumter, SC 29150	n/a	\$30,000
THE PHOENIX CENTER	A	1400 Cleveland Street Greenville, SC 29607	n/a	\$43,723
TRI COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE	A	910 Cook Road Orangeburg, SC 29118	n/a	\$37,650

**Status Key:** [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.